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INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moisten gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

REGISTERS A18

CERTIFIED NO.

INSURED NO.

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	RETURN RECEIPT  Received the numbered article described on other side.	•	}
		ST	AT
			       <sup> </sup>
DA	ADDRESS WHERE DELIVERED (only if requested in item #1)	•	 
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## CONFIDENTIAL

		25)
		O.C.
		25)
Dear	:	25)
Enclosed is a check for t	the pressure balloon	25)
delivered to me on my last visit	t. Would you send me a receipt,	
please?		
	Sincerely yours,	0 E '
		25)
:mt		
Cashiers check for \$150.00 rec	eived December 4, 1959,	
in full and final payment of o	pressure balloon.	25)
Sinc	cerely,	
	2	25 <b>)</b>
WEIDENTIFIL 000 -	25220 - 1/2/62	
WELDE, 0818 00	85 NEV DATE 25722 NY 12600 OMP 056 OPI 56 TYPI 01	
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